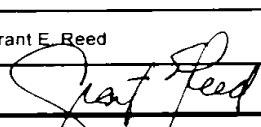


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| Fee Transmittal for FY 2000 | | Complete if Known | |
|---|--|--------------------------------------|---|
| Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28. | | AUG 31 2000 U.S. TRADEMARK OFFICE | Application Number 08/836,576 |
| | | | Filing Date September 9, 1997 |
| | | | First Named Inventor Jean Haensler |
| | | | Examiner Name Brumback, B. |
| | | | Group / Art Unit 1642 |
| TOTAL AMOUNT OF PAYMENT (\$2,352.00) | | | Attorney Docket Number 0725.0100001/SLF/GER |

| METHOD OF PAYMENT (check one) | | Fee Calculation (continued) | | | | |
|---|---|---|-----------------|---|----------------|-----------------|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: | | 3. ADDITIONAL FEES | | | | |
| Deposit Account Number | 19-0036 | | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) |
| Deposit Account Name | Sterne, Kessler, Goldstein & Fox P.L.L.C. | | | | | |
| | | <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 | | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other* *Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036. | | | | | | |
| Fee Calculation | | | | | | |
| 1. BASIC FILING FEE | | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | | Fee Paid |
| 101 | 690 | 201 | 345 | Utility filing fee | | 690.00 |
| 106 | 310 | 206 | 155 | Design filing fee | | |
| 107 | 480 | 207 | 240 | Plant filing fee | | |
| 108 | 690 | 208 | 334 | Reissue filing fee | | |
| 114 | 150 | 214 | 75 | Provisional filing fee | | |
| | | | | SUBTOTAL (1) (\$) | | 690.00 |
| 2. EXTRA CLAIM FEES | | | | | | |
| | | | | Extra | Fee from below | Fee Paid |
| Total Claims 64 - 20** = 44 | | | | X 18 | = | 792.00 |
| Indep. Claims 3 - 3** = 0 | | | | X 0 | = | 0.00 |
| Multiple Dependent | | | | = | | |
| ** or number previously paid, if greater; For Reissues, see below | | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | | |
| 102 | 78 | 202 | 39 | Independent claims in excess of 3 | | |
| 104 | 260 | 204 | 130 | Multiple dependent claim | | |
| 108 | 78 | 209 | 39 | **Reissue independent claims over original patent | | |
| 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent | | |
| | | | | SUBTOTAL (2) (\$) | | 792.00 |
| Other fee (specify): | | | | | | |
| Other fee (specify): | | | | | | |
| *Reduced by Basic Filing Fee Paid | | | | | | |
| SUBTOTAL (3) (\$) | | | | | | |
| 870.00 | | | | | | |

| SUBMITTED BY | | | | Complete (if applicable) | |
|-----------------------|---|--|--|--------------------------|-----------|
| Typed or Printed Name | Grant E. Reed | | | Reg. Number | 41,264 |
| Signature |  | | | Date | 8/31/2000 |
| Deposit Acct. User ID | | | | | |

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



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| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS |
|--------|--|------------------|-------------------------------|-----------------------------|------------------|
| | TOTAL CLAIMS (37 CFR § 1.16(c) or (j)) | 64 -20* = | 44 | x \$ 18.00 = | \$792.00 |
| | INDEPENDENT CLAIMS (37 CFR § 1.16(b) or (i)) | 3 -3** = | 0 | x \$ 78.00 = | |
| | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR § 1.16(d)) | | | x \$ 260.00 = | |
| | | | | BASIC FEE (37 CFR §1.16) | \$ 690.00 |
| | | | Total of above Calculations = | | 1,482.00 |
| | Reduction by 50% for filing by small entity (Note 37 CFR §§ 1.9, 1.27, 1.28). | | | | |
| | * Reissue claims in excess of 20 and over original patent. **Reissue independent claims over original patent. | TOTAL = | | | \$1,482.00 |

6. Small entity status:

- a. A small entity statement is enclosed, if (b) and (c) do not apply.
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge any deficiencies to Deposit Account No. 19-0036:

- a. Fees required under 37 CFR § 1.16.
- b. Fees required under 37 CFR § 1.17.
- c. Fees required under 37 CFR § 1.18.

8. A check in the amount of \$2,352.00 is enclosed.9. New Attorney Docket Number, if desired _____*[Prior application Attorney Docket Number will carry over to this CPA unless a new Attorney Docket Number has been provided herein.]*10. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503)11. Other: A Petition For The Extension Of Time For The Parent Application
Authorization To Treat A Reply As Incorporating An Extension Of Time Under 37 C.F.R. § 1.136(a)(3)NOTE:*The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.*

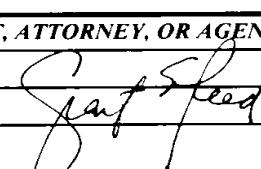
12. NEW CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) New correspondence address below

| | | | | |
|---------|-----------|--|----------|--|
| Name | | | | |
| Address | | | | |
| City | State | | Zip Code | |
| Country | Telephone | | Fax | |

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type) Grant E. Reed

Signature Registration No.
(Attorney/Agent) 41,264Date August 31, 2000

[Page 2 of 2]

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

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*BAR OTHER THAN D.C.
**REGISTERED PATENT AGENTS

August 31, 2000

RECEIVED

WRITER'S DIRECT NUMBER:
(202) 789-5507

Commissioner for Patents
Washington, D.C. 20231



TECH CENTER 2002900

Box: CPA

Re: U.S. Utility Patent Application
Request for Continued Prosecution Application (CPA)
Appl. No. 08/836,576
U.S. National Phase of PCT/FR95/01495
102(e) date: September 9, 1997
For: **Adjuvant For A Vaccine Composition**
Inventors: Haensler *et al.*
Our Ref: 0725.0100001/SLF/GER

Sir:

Transmitted herewith for appropriate action are the following documents:

1. Petition for Extension of Time Under 37 C.F.R. § 1.136(a)(1) (*in duplicate*);
2. CPA Transmittal Form PTO/SB/29 (*in duplicate*);
3. Fee Transmittal Form PTO/SB/17 (*in duplicate*);
4. Authorization to Treat a Reply As Incorporating An Extension of Time Under 37 C.F.R. § 1.136(a)(3) (*in duplicate*);

09/01/2000 AWONDAF1 00000054 08836576

01 FC:131
02 FC:103

690.00 OP
792.00 OP

Commissioner for Patents
August 31, 2000
Page 2

5. Check No. 28583 in the amount of \$2,352.00 to cover:

| | |
|----------|---|
| \$690.00 | Basic filing fee (37 C.F.R. § 1.16(a)); |
| \$792.00 | Excess claims over twenty fee (37 C.F.R. § 1.16(c)); and |
| \$870.00 | Extension for response within third month (37 C.F.R. § 1.17(a)(3)); and |

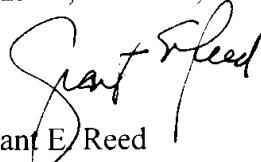
6. One (1) return postcard.

It is respectfully requested that the attached postcard be stamped with the filing date of these documents and returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036. A duplicate copy of this letter is enclosed.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Grant E. Reed

Attorney for Applicants
Registration No. 41,264

Enclosures